

**MASSACHUSETTS DEPARTMENT OF PUBLIC HEALTH
STATE LABORATORY INSTITUTE
LABORATORY PERSONNEL QUALIFICATION APPRAISAL**

Greer, Garry Robert
NAME (Last, First, Middle) _____ DATE OF HIRE _____

Foodborne Illness Surveillance Laboratory
LABORATORY _____ SUPERVISOR'S NAME _____

CLIA SPECIALTY _____ DATE OF NEW EMPLOYEE ORIENTATION _____

CLIA SUBSPECIALTY _____ HEPATITIS B IMMUNIZATION OFFERED?
YES _____ NO _____

CLIA POSITION TITLE
____ Director
____ Clinical Consultant
 X Technical Supervisor
____ General Supervisor
____ Testing Personnel

SLI FUNCTIONAL TITLE
____ Director
____ Chief
____ Supervisor
____ Bacteriologist
____ Chemist
____ Technician

EDUCATION: High School Graduate or equivalent: X YES _____ NO _____

COLLEGE, UNIVERSITY OR OTHER SCHOOLS(S) ATTENDED:

NAME AND ADDRESS OF INSTITUTION	ATTENDED FROM TO	MAJOR	DEGREE, DIPLOMA OR CERTIFICATE (Include month and year conferred)
Stonehill College	1974-1978	Biology	B.S. Biology 05/1978
Bunker Hill Community College		R-EMT	Certificate # 805093

VERIFICATION OF DEGREE, DIPLOMA, CERTIFICATE AND TRANSCRIPT OF GRADES IS REQUIRED

CLINICAL LABORATORY TRAINING (each training period fulfilling or partially fulfilling a Degree, Diploma or Certificate)

NAME AND ADDRESS OF INSTITUTION	ATTENDED FROM TO	MAJOR/ PROGRAM	DEGREE, DIPLOMA OR CERTIFICATE (include month and year conferred)
CDC / 1600 Clifton Rd, Atlanta GA	6/2/81-6/4/81	Systematic Isolation and ID of Enterics	(certificate attached)
CDC / 1600 Clifton Rd, Atlanta GA	3/12-3/23/84	Laboratory Methods in Diagnostic Bacteriology	(Course #8334-C)

LICENSE, CERTIFICATION OR REGISTRATION

NAME OF GRANTING AGENCY	LICENSURE/CERTIFICATION OR REGISTRATION TITLE	GRANTED MO	GRANTED YR	LICENSE, CERTIFICATE OR REGISTRATION #
Bunker Hill Community College	R-EMT	6	82	# 805093

(Verification of Board Eligibility may be requested.)

CLINICAL LABORATORY EXPERIENCE

Experience in the following														
NAME AND ADDRESS OF LABORATORY OR INSTITUTION – BEGIN WITH MOST RECENT EMPLOYMENT. ANY GAPS IN EMPLOYMENT WILL BE ASSUMED TO BE NON-CLINICAL LABORATORY WORK PERIODS.	PERIOD EMPLOYED				POSITION(S) HELD	MICROBIOLOGY	IMMUNOLOGY	CHEMISTRY	PARASITOLOGY	MYCOLOGY	MYCOBACTERIOLOG	VIROLOGY	MOLECULAR	OTHER
	FROM		TO											
	MO	YR	MO	YR										
State Laboratory Institute 305 South Street Jamaica Plain, MA 02130	5	77	8	77	Dom Aide / Lab technician							X		
State Laboratory Institute 305 South Street Jamaica Plain, MA 02130	5	78	11	78	Dom Aide / Lab technician							X		
State Laboratory Institute 305 South Street Jamaica Plain, MA 02310	11	78	8	84	Bacteriologist I (GC Lab)	X								
Fenway Community Health Ctr. 16 Haviland Street Boston, MA 02115	02	81	05	82	Laboratory technician (general Evenings)	X								
State Laboratory Institute 305 South Street Boston, MA 02130	08	84	12	86	Bact II (Enteric Lab)	X								
Outer Cape Health Associates P.O. Box 613 Harry Kemp Way	01	86	11	86	General Laboratory Supervisor	X								
State Laboratory Institute 305 South Street Jamaica Plain, MA 02130	12	86	11	92	Bacteriologist II	X								
State Laboratory Institute 305 South Street Jamaica Plain, MA 02130	11	92	07	02	Laboratory Supervisor I (Enterics/Trai ning)	X								
State Laboratory Institute 305 South Street Jamaica Plain, MA 02130	07	02		10	Laboratory Supervisor II									X

REMARKS: (Add information pertinent to your education, training, employment, etc. not included above.)
